

PTO/SB/21 (09-04)

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DFW**TRANSMITTAL  
FORM***(to be used for all correspondence after initial filing)*

<b>Application Number</b>	09/752,809		
	<b>Filing Date</b>	12/27/2000	
	<b>First Named Inventor</b>	J. Tracy Weed	
	<b>Art Unit</b>	3629	
	<b>Examiner Name</b>	Michael J. Fisher	
<b>Total Number of Pages in This Submission</b>	32	<b>Attorney Docket Number</b>	NTI-020

**ENCLOSURES (check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Statement Under 37 CFR 3.73(b) <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Request for Refund  Remarks	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC ( <i>Appeal Notice, Brief, Reply Brief</i> ) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) ( <i>please identify below</i> ): Return Receipt Postcard
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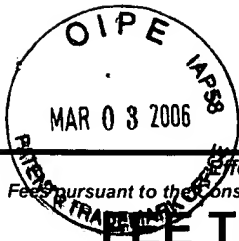
**SIGNATURE OF APPLICANT, ATTORNEY OR AGENT**

<b>Firm Name</b>	BEVER, HOFFMAN & HARMS, LLP	<b>Customer Number</b>	35273
<b>Signature</b>			
<b>Printed Name</b>	Jeanette S. Harms		
<b>Date</b>	February 27, 2006	<b>Reg. No.</b>	35,537

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop Appeal Brief - Patents Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
<b>Signature</b>			
<b>Typed or printed name</b>	Rebecca A. Baumann	<b>Date</b>	February 27, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



<b>Effective on 12/08/2004</b> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)</i>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		Application Number	09/752,809
		Filing Date	12/27/2000
		First Named Inventor	J. Tracy Weed
		Examiner Name	Michael J. Fisher
		Art Unit	3629
<input type="checkbox"/> Applicant claims small entity status. See 37 C.F.R. § 1.27		Attorney Docket No	NTI-020
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b> 500.00	

**METHOD OF PAYMENT** (check all that apply)

☐ Check    ☐ Credit Card    ☐ Money Order    ☐ None    ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account    Deposit Account Number: **50-0574**    Deposit Account Name: **Bever, Hoffman & Harms, LLP**

For the above-identified deposit account, the Director is hereby authorized to; (check all that apply)

☒ Charge fee(s) indicated below    ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s)    ☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	\$
Plant	200	100	300	150	160	80	\$
Reissue	300	150	500	250	600	300	\$
Provisional	200	100	0	0	0	100	\$

**2. EXCESS CLAIM FEES**

Fee Description

	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

**Total Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**    **Multiple Dependent Claims**    **Fee (\$)**    **Fee (\$)**

- 20 or HP =    x    =    Fee (\$)

HP = highest number of total claims paid for, if great than 20

**Indep. Claims**    **Extra Claims**    **Fee (\$)**    **Fee Paid (\$)**

- 3 or HP =    x    =    Fee (\$)

HP = highest number of total claims paid for, if great than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	5- = (round up to a whole number) x			

**4. OTHER FEE(S)**

Non-English Specification - \$130 fee (no small entity discount)

Other: **APPEAL BRIEF**    **Fee Paid (\$)**    **\$500.00**

**SUBMITTED BY**

Signature:	Registration No. 35,537	Telephone: (408) 451-5907
Name (Print/Type) Jeanette S. Harms		Date: February 27, 2006